

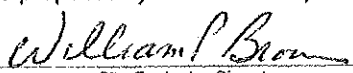
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept Health & Human Services  
Div. of Environmental Health, 11SHS  
(207)287-5672 FAX (207)287-3165

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	AUGUSTA	Town/City	Permit #
Street or Road	69 WILSON STREET	Date Permit Issued	Fee \$
Subdivision, Lot #			Double Fee Charged [ ]
OWNER/APPLICANT INFORMATION		L.P.I. #	
Name (last, first, MI)	WHELOCK, CANDY	Local Plumbing Inspector Signature	
	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	Date Permit Issued: 10/18/11	
Mailing Address of Owner/Applicant	69 WILSON STREET AUGUSTA, ME 04330	PERMIT # 6619 TOWN COPY	
Daytime Tel. #	207/458-8374	\$1501 FEE	
<b>OWNER OR APPLICANT STATEMENT</b> I state that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.		L.P.I. # 1800	
		Municipal Tax Map # 1 Lot # 408	
<b>CAUTION: INSPECTION REQUIRED</b> I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application		(1st) Date Approved	
		(2nd) Date Approved	

PERMIT INFORMATION			
<b>TYPE OF APPLICATION</b> <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced <u>BED</u> Year installed <u>UNKNOWN</u> <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector approval <input type="checkbox"/> b. State & Local Plumbing Inspector approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<b>DISPOSAL SYSTEM COMPONENTS</b> <input type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify _____ <input type="checkbox"/> 4. Non-Engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input checked="" type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pretreatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components	
<b>SIZE OF PROPERTY</b> 2 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<b>DISPOSAL SYSTEM TO SERVE:</b> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling Unit, No. of Units: _____ <input type="checkbox"/> 3. Other _____ (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<b>TYPE OF WATER SUPPLY</b> <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> <input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other <u>EXISTING</u> CAPACITY <u>1000</u> GAL.	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other _____ SIZE <u>1100</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	<b>DESIGN FLOW</b> <u>270</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE <u>8</u> / <u>D</u> at Observation Hole # <u>TP-1</u> Depth <u>9</u> " of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> <input type="checkbox"/> 1. Medium - 2.6 sq. ft./gpd <input type="checkbox"/> 2. Medium-Large - 3.3 sq. ft./gpd <input checked="" type="checkbox"/> 3. Large - 4.1 sq. ft./gpd <input type="checkbox"/> 4. Extra-Large - 5.0 sq. ft./gpd	<b>EFFLUENT/EJECTOR PUMP</b> <input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems DOSE _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings) <b>ATTACH WATER METER DATA</b> <b>LATITUDE AND LONGITUDE</b> at center of disposal area Lat. <u>44</u> d <u>22</u> m <u>22</u> s Lon. <u>69</u> d <u>48</u> m <u>00</u> s if gps, state margin of error: <u>30 ft</u>

SITE EVALUATOR'S STATEMENT			
I certify that on <u>10/18/11</u> (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).			
 Site Evaluator Signature	<u>188</u> SE#	<u>10/18/2011</u> Date	
<b>WILLIAM P BROWN</b> Site Evaluator Name Printed	<u>293-2110</u> Telephone Number	E-mail Address	

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, Station 10  
(207) 287-5672 FAX 207-287-4165

Town, City, Plantation

AUGUSTA

Street, Road, Subdivision

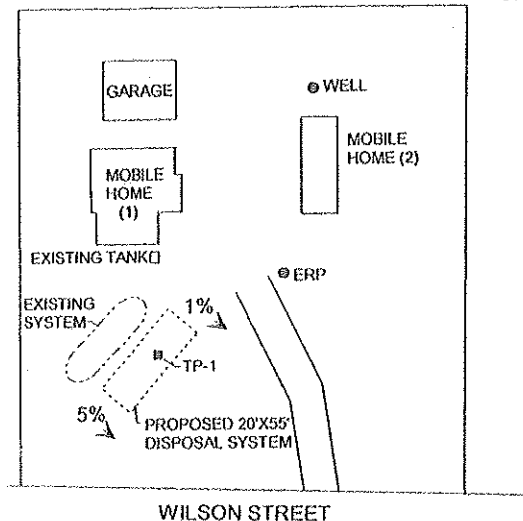
69 WILSON STREET

Owner or Applicant Name

CANDY WHEELLOCK

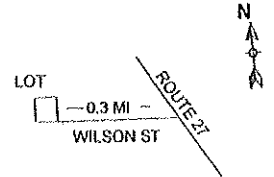
SITE PLAN

Scale 1" = 100 Ft.



NORTH

SITE LOCATION PLAN  
(Attach map from Maine Atlas  
for First Time System Variance)



ERP TO TP-1 = 64 FT

THE PROPOSAL IS TO KEEP THE EXISTING SEPTIC TANK IN SERVICE, ADD A 3 FOOT DIAMETER PUMP STATION AND A 20 FT X 55 FT CRUSHED STONE DISPOSAL SYSTEM. THE OWNER'S WELL IS OVER 100 FEET FROM THE PROPOSED SYSTEM.

A SECOND MOBILE HOME ON THE PROPERTY WILL BE DISCONNECTED FROM THE SYSTEM. THE SEPTIC TANK SERVING THAT MOBILE HOME (2) WILL BE PUMPED OUT AND BACKFILLED IN PLACE. THE MOBILE HOME WILL BE REMOVED FROM THE SITE BY OWNER.

AT A FUTURE TIME, THE OWNER MAY REPLACE MOBILE HOME (1) WITH A 3 BEDROOM HOUSE ON THE LOT.

## SOIL PROFILE DESCRIPTION AND CLASSIFICATION

Observation Hole # TP-1 ☒ Test Pit ☐ Boring  
0" Depth of organic horizon above mineral soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling										
0	FINE SAND	FRIABLE	GRAY BROWN	NONE										
10				COMMON										
20	SILT LOAM	FIRM	BROWN											
30														
40														
50														
<table border="1"> <tr> <td>Soil Profile</td><td>Classification</td><td>Slope</td><td>Limiting Factor</td><td> <input checked="" type="checkbox"/> Groundwater  <input type="checkbox"/> Restrictive Layer  <input type="checkbox"/> Bedrock </td></tr> <tr> <td>8</td><td>D</td><td>1-5 %</td><td>9"</td><td></td></tr> </table>					Soil Profile	Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock	8	D	1-5 %	9"	
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8	D	1-5 %	9"											

## (Location of Observation Holes Shown Above)

Observation Hole # \_\_\_\_\_ ☐ Test Pit ☐ Boring  
" Depth of organic horizon above mineral soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling										
0														
10														
20														
30														
40														
50														
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		%	"											

WILLIAM P BROWN *William P Brown*  
Site Evaluator Signature

188  
SE #

10/18/2011  
Date

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Maine Department of Human Services  
Division of Health Engineering, Station 10

Owner or Applicant Name

CANDY WHEELOCK

Scale 1" = 20' Ft.

GRADE FINISH OF DISPOSAL SYSTEM INTO FILL OF EXISTING SYSTEM

[illegible]

### ELEVATION REFERENCE POINT

-10"

Top of Distribution Pipe or Proprietary device **-23"**

231

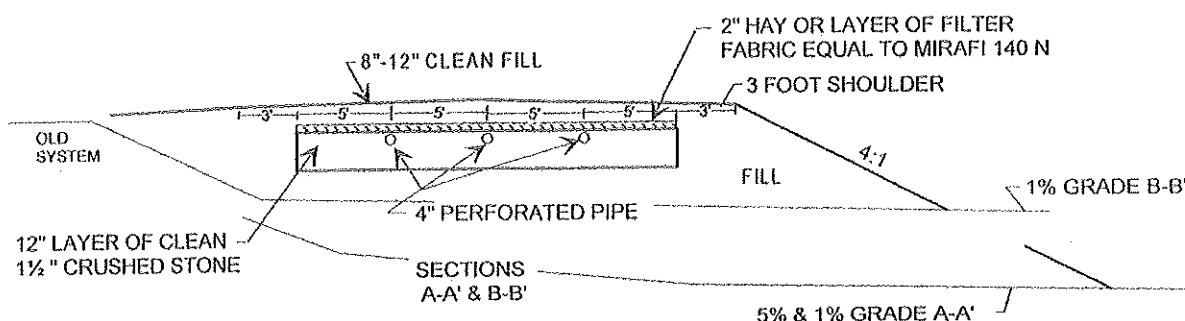
Bottom of Disposal Area

-34-

Location and Description:  
FLAGGED NAIL IN CMP POWER POLE,  
2 FEET ABOVE GROUND  
Reference Elevation is: 00.0"

**Scale:**

Horizontal: 1 inch = 10 Ft.



REMOVE STUMPS AND VEGETATION IN DISPOSAL AREA  
ROTOTILL OR SCARIFY ENTIRE FILL AREA  
MIX 4 INCHES OF FILL MATERIAL THOROUGHLY WITH EXISTING SOIL TO FORM  
A TRANSITION ZONE (ACCORDING TO CHAPTER 8, PLUMBING CODE)  
ALL FILL SHALL BE GRAVELLY COARSE SAND  
CROWN FINISH GRADE FROM CENTER AT 3%  
LOAM. SEED. MULCH DISTURBED AREAS

William P Brown

SF #

Date \_\_\_\_\_

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